



**VIA ROVELLI PARKING SPACE INVOICE REQUEST**

**DO YOU NEED THE INVOICE?**

**YES**

**NO**

**IF YOU NEED THE INVOICE, PLEASE FILL OUT THE FOLLOWING FORM:**

<b>Name/ Company name</b>	<b>Surname</b> _____																				
_____	<b>Nationality</b> _____																				
<b>Tel.</b> _____	<b>Mobile</b> _____																				
<b>Email</b> _____																					
<b>TAX CODE</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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<b>Billing address</b> _____	<b>N.</b> _____																				
<b>Postal code</b> _____	<b>City</b> _____	<b>Country</b> _____																			
<b>Telephone number in case of more information need</b> _____																					

The applicant

Bergamo,

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